

**EMPLOYEES' RETIREMENT SYSTEM  
STATE OF HAWAII**

City Financial Tower  
201 Merchant Street, Suite 1400  
Honolulu HI 96813

**FEDERAL TAX WITHHOLDING CHANGES (Retirees)**

**Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**Home or Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Please check only one:**

\_\_\_\_\_ I request voluntary income tax withholding from my pension or annuity payments in the amount of \$ \_\_\_\_\_ (semi-monthly) **OR** \$ \_\_\_\_\_ (monthly)

\_\_\_\_\_ I request voluntary income tax withholding from my pension or annuity payments based on \_\_\_\_\_ exemptions and marital status \_\_\_\_\_ (single) \_\_\_\_\_ (married).

\_\_\_\_\_ I do **not** want to have federal taxes withheld from my pension or annuity payments.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*Please allow approximately 6 to 8 weeks for the changes to be made\*\***

**This supercedes all prior requests**

**For ERS use only:**

Pay cycle code: \_\_\_\_\_ Amount: \_\_\_\_\_ Effective date: \_\_\_\_\_ (PPE) Staff Initial: \_\_\_\_\_